

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>	<small>First</small>	<small>Full Middle Name</small>	<small>Last</small>
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>	<small>First</small>	<small>Full Middle Name</small>	<small>Last</small>
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD			
2	Social Security number previously assigned to the person listed in item 1 → - -			
3	PLACE OF BIRTH <small>(Do Not Abbreviate)</small> City State or Foreign Country	4	DATE OF BIRTH <small>MM/DD/YYYY</small>	
		<small>Office Use Only</small>		
5	CITIZENSHIP → <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY <small>Are You Hispanic or Latino? (Your Response is Voluntary)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE <small>Select One or More (Your Response is Voluntary)</small> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	
8	SEX →	<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. MOTHER'S NAME AT HER BIRTH →	<small>First</small>	<small>Full Middle Name</small>	<small>Last Name At Her Birth</small>
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) →	- -		<input type="checkbox"/> Unknown
10	A. FATHER'S NAME →	<small>First</small>	<small>Full Middle Name</small>	<small>Last</small>
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) →	- -		<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1 →	<small>First</small>	<small>Full Middle Name</small>	<small>Last Name</small>
13	Enter any different date of birth if used on an earlier application for a card →		MM/DD/YYYY	
14	TODAY'S DATE → <small>MM/DD/YYYY</small>	15	DAYTIME PHONE NUMBER () - <small>Area Code Number</small>	
16	MAILING ADDRESS → <small>(Do Not Abbreviate)</small>	Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code		
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
17	YOUR SIGNATURE →	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN		DOC	NTI	CAN
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
		DATE		
		DCL DATE		